

File Original and First Copy with
Department of Ecology

Second Copy—Owner's Copy

Third Copy—Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Green Island Water

Start Card No 002148

Water Right Permit No

A

(1) OWNER Name Port Gardner Timber Co Inc. Address P O Box 157 Stanwood Wa. 98292(2) LOCATION OF WELL County Island NE NE Sec 1 T 31 N R 2 WM(2a) STREET ADDRESS OF WELL (or nearest address) Camano Isl.(3) PROPOSED USE ☐ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☒
☐ DeWater

(4) TYPE OF WORK Owner a number of well (if more than one)

Abandoned ☐ New well ☒ Method ☐ Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☒ Jetted ☐(5) DIMENSIONS Diameter of well 6" (Std 18") inches
Drilled 457 feet Depth of completed well 457 ft

(6) CONSTRUCTION DETAILS

Casing installed 8 Diam from 0 ft to 354 ft
Welded ☒ 6 Diam from 0 ft to 447 ft
Liner installed ☐
Threaded ☐ Diam from _____ ft to _____ ftPerforations Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in by _____ in

_____ perforations from _____ ft to _____ ft

_____ perforations from _____ ft to _____ ft

_____ perforations from _____ ft to _____ ft

Screens Yes ☒ No ☐Manufacturer's Name Johnson + 5 Top ExtensionType Standard Model No _____Diam 5 7/8 Slot size 20 from 447 ft to 452 ftDiam 5 7/8 Slot size 20 from 452 ft to 457 ftGravel packed Yes ☐ No ☒ Size of gravel _____

Gravel placed from _____ ft to _____ ft

Surface seal Yes ☒ No ☐ To what depth? 18 ftMaterial used in seal BENTONITEDid any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP Manufacturer's Name JacuzziType 7556A 230V 1P HP 7(8) WATER LEVELS Land surface elevation 4-26-89 ftStatic level 362 ft below top of well Date 7-26-82

Artesian pressure _____ lbs per square inch Date _____

Artesian water is controlled by _____ (Cap valve etc.)

(9) WELL TESTS Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes by whom? O.P. DrillerYield 40 gal/min with 39.8" ft drawdown after 20 hrs

Recovery data (time taken as zero when pump turned off) (water level measured from water level)

Time _____ Level _____ Time _____ Water Level _____ Time _____ Water Level _____

1 min 374' 1" 5 min 362' 6" 25 min 361' 8"2 min 366' 3" 10 min 362' 0"4 min 363' 1" 15 min 361' 10"Date of test 5-17-89 5-18-89Bailer test _____ gal/min with 80 ft drawdown after _____ hrsAirtest 40 GPM gal/min with stem set at _____ ft for _____ hrs

Artesian flow _____ gpm Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation Describe by color character size of material and structure and show thickness of aquifers and the kind and nature of the material in each stratum penetrated with at least one entry for each change of information

MATERIAL	FROM	TO
Brown Clay & Gravel	0	30
Blue Clay & Gravel	30	49
Brown Clay & Gravel	49	160
Trace of Water	75-83	
Clean Gravel	160	190
Brown Clay & Gravel	190	245
Sandy Brown Clay	245	276
Brown Clay & Gravel	276	415
Blue Clay	415	430
Sand & Water	430	453
Gravel & Water	453	457

Well completely "lined"
with 6" casing18 ft. of grouting on
outside of 8" outer casingBentonite Slurry grout between
8" & 6" casing

MAY 19 1989

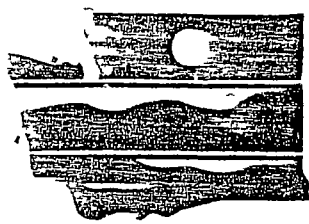
Work started 4-18- 19 89 completed 4-26- 19 89

WELL CONSTRUCTOR CERTIFICATION

I constructed and/or accept responsibility for construction of this well and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME DAHLMAN PUMP & WELL DRILLING INC.
(PERSON FIRM OR CORPORATION) (TYPE OR PRINT)Address P O Box 422 Burlington Wa 98233(Signed) Harold Ruckus License No 0623
(WELL DRILLER)Contractor's
Registration
No DAHLMWP1231C Date 4-27- 19 89

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA704

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name CAMANO HILL W'CO INC

Last Name _____

Street Address 01429-Q

City _____

State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address 180 S Camano Hill Rd

City _____

County _____

T _____ N R _____ WM Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type of well housing etc)

8" CASING INSIDE SLOPED HEAP HOUSE (10' X 10' X 7') ATTACHED
TO PH (~40' X 50' X 12') ALL TAN W/WHITE DOOR
ACRE ROUND RES BEHIND/ADJ

Location of Well Identification Tag

[Handwritten signature]

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒ No

Where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
V	P	Q	R

Scale 1 24 000 (1' = 2 000)

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

[Handwritten notes: 12 20 22 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100]

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Permit Right # _____ Date Issued _____

One Application Permit Certificate Claim Eremot